Substitute for form 1449/PTO (Revised 07/2007)				Complete if Known		
				Application Number	10/578,401	
INEOD	MATION	I DISCLO	STIDE	Filing Date	January 3, 2007	
INFORMATION DISCLOSURE				First Named Inventor	Long	
STATEMENT BY APPLICANT				Art Unit	1644	
(Use as many sheets as necessary)				Examiner Name	Gambel, Phillip	
Sheet	1	of	2	Attorney Docket Number	035784/311287	

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Examiner	Date	
Signature	Considered	

<sup>\*</sup>Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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